



Managed MaineCare Initiative Members Standing Committee Meeting

December 17, 2010

All documents and materials concerning the Managed Care project reflect MaineCare's current thinking and are subject to change. No materials on the managed care web page, distributed and discussed at meetings or sent in emails or mailings are binding in any way concerning the future procurement process.

12/17/10 MSC MEETING AGENDA



I. Welcome and Introductions

Meeting Minutes 11/19

Meeting Objectives

II. Project Timeline and Request for Proposals (RFP) Process

New Timeline

Purchasing Department guidelines on RFP Development

III. Discussion: Listening Session and Quality Topics – Part I

Listening Session Overview

Quality Topics – Transportation, Member Supports, PA/PDL, Dental

IV. BREAK

V. Update and Overview of Quality Work Group

VI. Updates, Wrap-Up and Next Steps

Project Timeline - Departmental Changes



- RFP release date is delayed from March 1, 2011 to **May 1, 2011.**
- Phase I implementation date is delayed from January 2012 to **April 2012.**
- This decision is intended to provide the needed amount of time as we transition to a new administration.

Request for Proposals- Purchasing Guidelines/ Rules



- Once the RFP process begins, there can be no discussion about the RFP externally
- All questions about the RFP will have to go through a single RFP coordinator

Request for Proposals (RFP): Where to Get Information



- RFP advertised in official state paper: **Kennebec Journal**
- Purchases Website:
<http://www.maine.gov/purchases/rfp/index.html>
- RFP posted here to register and download:
<http://www.maine.gov/dhhs/rfp/>
- Contract Information:
<http://www.maine.gov/dhhs/purchased-services/contract-20>



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

MaineCare Listening Sessions: September 2010

OVERVIEW

Muskie School of Public Service



UNIVERSITY OF
SOUTHERN MAINE

**Presented to Managed MaineCare Stakeholders Advisory Committee,
Specialized Services Committee and Members Standing Committee**

December 17, 2010

Acknowledgements

- Funding provided by Maine Health Access Foundation (MeHAF)
- Recruitment and logistics handled by Maine Equal Justice Partners (MEJP)

How Were Members Recruited?

- MEJP recruited members via flyers, letters and through word-of mouth through Head Start programs, CAP agencies, child care programs, domestic violence agencies, FQHC's and other service providers
- Members were reimbursed for travel and given \$30 Hannaford gift card for participating

When and Where Were the Listening Sessions? What was their Format?

- Lewiston: September 9
- Portland: September 16
- Bangor: September 22
- Presque Isle: September 23

Each session was approximately 90 minutes long.

A moderator from the Muskie School led the discussion and asked questions.

Who Was There?

- There was a total of 50 participants, with group size ranging from 9 to 15
- Variety of ages and circumstances. (Privacy and any identifiable information was protected.)
- DHHS staff did not participate

Major Themes Identified

- **Many members are grateful for the services they receive through MaineCare**
- **Better patient/member supports would improve care**
- **Members strongly support dental coverage for adult MaineCare members**
- **Members report lack of access to mental health providers**

Major Themes Identified (cont.)

- **Prior Authorization (PA) for medications and changes in the Preferred Drug List (PDL) cause problems for members**
- **Sometimes access to PCPs and specialists is difficult**
- **Providers are not getting paid in a timely manner**
- **Paperwork sent from the Department is often redundant and communication could be improved**
- **Prevention should be a priority in MaineCare**

Summary - Listening Sessions

The MaineCare members that we spoke with were very experienced with and passionate about the system in which they are enrolled. The majority felt lucky and grateful to have access to health insurance coverage. Many have had extremely positive experiences with their providers, their case-managers, and their MaineCare coverage overall. At the same time, all agreed that there is room for improvement.

REPORT FROM THE QUALITY WORK GROUP

TO

MEMBERS STANDING COMMITTEE

DECEMBER 17, 2010

Purpose of Today's Report

1. Major Tasks of Quality Work Group
2. Overview of Quality Standards
3. Focus on 3 sets of standards
 - Member enrollment & disenrollment
 - Member services
 - Quality management program
1. Discussion
2. Next Steps

Tasks of Quality Work Group

1. Develop *standards* to assure that quality systems, processes and staffing are built into the MCO **BEFORE** services are delivered.
2. Select *quality measures* to monitor how well the MCO is working.
3. Design a DHHS *oversight program* to detect problems and improve quality with the MCOs and stakeholders.

Overview of Quality Standards

Overview of Quality Standards

- ☐ Delivery Network
- ☐ Network Management
- ☐ Access
- ☐ Member enrollment
- ☐ Member services
- ☐ Care coordination

Overview of Quality Standards

- ☐ Member enrollment
- ☐ Member services
- ☐ Care coordination
- ☐ Quality management
- ☐ Grievance system
- ☐ Data reporting
- ☐ Delegation

Focused Review

- Member Enrollment/Disenrollment
- Member Services
- Quality Management

- Members will have a choice of 2 MCOs
- The goal is for members to actively participate in choosing which MCO best meets their needs.
- An enrollment broker will share information with members to help them decide which MCO is best for them. For example, does the member's primary care physician belong to one MCO but not the other?

- If a member does not make a selection, he/she will be auto-assigned.
- For example, if a member's primary care physician is in one MCO but not the other, he/she will be auto-assigned to the MCO where the primary care physician is part of the network.

When Can a Member Disenroll?

1. Members can change their mind ***for any reason*** within 90 days after selecting an MCO.
2. After 90 days, a member must ***show cause*** when requesting to be disenrolled:
 - Member moves out of state
 - MCO does not cover service that member needs because of moral or religious reasons
 - Poor quality of care, lack of access, lack of experienced providers to meet member's needs
3. During open enrollment every 12 months.

How Does a Member Disenroll?

- A member submits written or oral request to DHHS describing why he/she wants to disenroll.
- DHHS may ask the member and/or the MCO to provide information in order to make the decision.
- Decisions must be made within 30 days.
- A member has a right to a fair hearing if dissatisfied with the DHHS determination.

When Can an MCO Request that a Member be Disenrolled?

1. Member moves out of state
2. Member dies
3. Member is no longer eligible for MCO covered services
4. Member is found to have fraudulently used the member ID card.

DHHS must review and approve any request from an MCO about member disenrollment.

Member Cannot be Disenrolled Because He/She

- is sick
- uses a lot of services
- has developmental or intellectual challenges
- is uncooperative or has disruptive behavior

Member Services

Members Have the Right to:

- Receive information to access needed services
- Be treated with respect
- Receive information on treatment options
- Participate in his/her health care decisions
- Be free of restraint or seclusion
- Access his/her medical records
- Access MCO performance data

Members Must Receive Clear Information on Each of the Following:



- MCO providers:
 - Names, locations, languages
 - Status on accepting new patients
 - Hours of operation
- The grievance/fair hearing process.
- Member benefits
- How to access benefits; including access to interpreter services

Members Must Receive Clear Information on Each of the Following:



- How to access after-hours and emergency care
- How to access specialty care
- Cost sharing, if any
- Data on the MCO performance, including member experience
- How to access services not covered by the MCO.

The MCO Must Notify Members When:

- There are changes to policies
- A member's PCP is no longer part of the MCO provider network.

All member information must be presented in languages and formats that are easy to understand

Quality Management

- Makes certain providers use best practices
- Evaluates data to determine if the MCO is making a difference in improving the health and wellbeing of members
- Identifies areas where services should be improved.
- Conducts quality improvement projects
- Engages members and providers in QI

Quality Management Approach

DHHS Quality Committee

Who: DHHS Medical Director

DHHS QI Staff + program leads

MCO Medical directors

MCO QI Coordinators

What:

- Approve practice guidelines
- Approve Annual QI Plans
- Review performance
- Identify improvement opportunities
- Select topics for focused studies
- Oversee QI improvement projects

MCO Quality Management Program

Who: Medical Director

FT QI Coordinator

Members and providers

What:

- Annual QI Plan
- Conduct focused studies (2)
- Performance measurement
- Monitor against contract standards
- QI projects

External Quality Review Organization

- Design and implement special studies (2)
- Consumer surveys
- Validate encounter data
- Review MCO special studies
- Other TBD

Next Steps

- Review remaining quality standards with members and stakeholders
- Review quality measures that will be used to assess MCO performance

- Did we cover the right issues?
- Do the standards provide adequate protection for members?
- Do the standards reflect a quality program?

Update:

Potential Vendor Meeting Update, Dec. 10

Meeting Objectives

- Provide background and goals of the Managed MaineCare initiative
- Offer preview of Maine's initial program design ideas for managed care
- Articulate the initiative's proposed timeline and process
- Receive feedback from vendors and answer questions

Meeting Attendance

- 66 attendees in audience
- Included a combination of potential bidders, providers, advocates and other interested parties
- Approximately 15 potential bidders

Key Question Topics

- Bureau of Insurance Licensure requirements
- Risk adjustment
- Rate cell development
- Pharmacy management
- Interaction with Health Care Reform
- Covered populations and services

Updates, Wrap-Up, Next Steps

- Other updates?
- Next meeting is January 21, from 9:30-12:30
- Same place (442 Civic Center Drive Rooms 1A and 1B).
- *Rooms may be subject to change.*